

William Lomis Cox Application Form 2026

Form Preview

Applicant Details

* indicates a required field

General Terms and Conditions

The William Lomis Cox Memorial Scholarship supports Whakatāne area students who wish to train as teachers, with emphasis on social science subjects.

The scholarship is open to students who:

- normally reside in the Whakatāne District area
- have attended either Whakatāne High School or Trident High School for at least one year
- intend to enter the teaching profession
- are about to commence, or continue, their tertiary study
- have a course of study which includes at least one social science subject (for example, anthropology, economics, geography, history, philosophy, psychology, political science, sociology).

How to apply:

To complete your application, you'll need to fill out the form and upload all required documents. This includes:

- Academic details
- Your proposed course of study
- Financial information
- Supporting documents (including references)

You can save your progress at any time and return later to complete and submit the application. Please ensure everything is submitted by the closing date.

Terms and Conditions: The following terms and conditions apply:

- Scholarships are only to be awarded for one year maximum.
- Funds must be used towards the costs of study related costs

The decision of the Trustee is final and no further discussion will be entered into.

Important dates

- Applications are open from 9am on the 1st of July 2026 to 5pm on 31st September 2026.

Late applications will not be accepted

Contact us: Any questions should be directed to Public Trust either by emailing us at funding@publictrust.co.nz or calling us on 0800 371 471

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Applicant *

First Name

Last Name

Applicant Primary Address *

Address

Suburb

Town/
City

Postcode

Must be a New Zealand postcode.

Applicant Primary Phone Number *

Applicant Email Address *

Must be an email address.

Date of Birth *

Must be a date.

Upload copy of student's Birth Certificate, valid Passport, or valid Drivers License *

Attach a file:

Is this your first year applying for a scholarship from this Trust *

Yes No

Parent(s) / Caregiver(s)

* indicates a required field

First Parent / Caregiver

Name *

Title

First Name

Last Name

Occupation *

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Address *

Address

Second Parent / Caregiver

Name

Title

First Name

Last Name

Occupation

Address

Address

Education and Academic Information

* indicates a required field

Education Information

School of attendance *

- Whakatane High School
 Trident High School

Period of attendance *

Recent Academic Results

Please provide your most recent academic results *

E.g. Recent NCEA or university results if applicable, any other achievements or awards

Academic Results *

Attach a file:

Please upload any suitable recent Academic Results such as NCEA results, mid year report, university grades etc.

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Proposed Course of Study

Name of recognised education provider you propose to attend or are currently attending *

What is your proposed course of study in 2027? Explain the social science subject(s) included in your course. *

Please provide details of the qualifications you propose studying towards (please describe full course details including costs)

Length of degree *

Please explain your future career aspirations, including why you wish to enter the teaching profession. *

Personal History

Please provide a brief personal history, in particular, giving details of why you believe you are a worthy recipient of this scholarship. *

Financial Information

* indicates a required field

Parent / Caregiver Earnings (compulsory)

This information will be used for the sole purpose of assessing financial need and is kept confidential to the Committee only.

Main Income Earner Before Tax (per year) *

Must be a number.

Second Income Earner Before Tax (per year)

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Must be a number.

Self Employed Income if any (per year)

Must be a number.

Evidence of Parent/Caregiver Earnings *

Attach a file:

Brief financial background of family. Please include how you intend to fund your time while studying. *

How much are you applying for? *

Must be a dollar amount.

Maximum of \$15,000

How do you intend to use this scholarship? *

Please provide a breakdown of how you will spend the funds, e.g. Course fees, accommodation etc.

Other Financial Assistance

Please provide details of any other grants or scholarships held or applied for *

Supporting Documents

* indicates a required field

Please upload the following documents to support your application:

Reference - at least one reference

Others - any other support information such as achievements etc

Essay - including a brief description of your background, details of education, interests, achievements etc (1/2 to 1 full page long) *

Attach a file:

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Maximum of 250 words

Reference *

Attach a file:

Other Documents

Attach a file:

Submitting your application

* indicates a required field

Before submitting this application to Public Trust:

Please ensure you have reviewed your application and completed all questions.

Please note that if you do not provide all the information requested, this may affect the outcome of your application.

Declaration & Privacy Statement

In submitting this application form I acknowledge I have read the attached information sheet and accept any terms and conditions stated.

I agree that I will contact Public Trust Charities Team immediately if any information provided in this application changes or is incorrect.

For the purposes of the Privacy Act 2020:

- I acknowledge that the information contained in this application is stored in the SmartyGrants database and will be held by Public Trust for the purpose of assessing my application to the William Lomis Cox Memorial Scholarship Fund and/or any other conjoint Trust/s.
- I understand the information may be made available to other parties such as the Committee in the course of enquiries regarding applications or in publishing the results of scholarships awarded, and third party suppliers for related purposes.
- I acknowledge that if I do not provide all of the information requested, Public Trust may not be able to assess my application.
- I give consent for Public Trust to hold this information for no longer than is required in order to assess my application and to meet their legal requirements.
- I understand I have the right of access to, and correction of, the personal information held about me.

I have read and understood the declaration and privacy statement *

Yes

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Full Name *

Date *

Must be a date.